24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Leadership Fund	C C00571703
	O cossss
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee MAIN STREET MEDIA GROUP	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 25093	11 03 2022
F.O. BOX 25095	Amount
City State Zip Code	443036.57
ALEXANDRIA VA 22313	Transaction ID : SE.1 Date of Disbursement or Obligation
Purpose of Expenditure TV/MEDIA PLACEMENT Category/ Type	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
BARNES, MANDELA, , ,	President State: WI
Calendar Year-To-Date Per Election for Office Sought Disb. 26030207.39	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Oity State Zip Sode	
Purpose of Expenditure	Date of Disbursement or Obligation
Type	M M / D D / Y Y Y Y
	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures	443036.57
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	443036.57
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	11 03 2022
Signature	